

# ELECTRICAL PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number ELE _____	Permit Fee \$ _____	Date _____
<b>A. ADDRESS</b>  _____ NUMBER N-S-E-W STREET NAME APT #  IF THIS BUILDING HAS MULTIPLE ADDRESSES:  LOWEST NUMBER _____ HIGHEST NUMBER _____	<b>F. UPGRADE SERVICE:</b> FROM _____ TO _____ AMPS <b>G. VALUE OF ELECTRICAL WORK:</b> \$ _____ <b>H. CONSTRUCTION DESIGN RELEASE:</b> _____ <b>I. STRUCTURAL PERMIT NUMBER:</b> _____ <b>J. STRUCTURAL PERMIT FEE:</b> \$ _____ <b>K. NUMBER OF METERS:</b> _____ <b>L. NUMBER OF MOBILE ASSEMBLIES:</b> _____ <b>M. SQUARE FOOTAGE:</b> _____ <b>N. ACCESSORY STRUCTURE:</b> ____ FINISHED ____ UNFINISHED <b>O. NUMBER OF UNITS:</b> _____	
<b>B. OWNER OF THE PROPERTY:</b>  NAME _____  ADDRESS _____ NUMBER N-S-E-W STREET NAME APT #  CITY _____ STATE _____ ZIP CODE _____  TELEPHONE NUMBER (_____) _____  EMAIL ADDRESS _____	<b>P. CONTRACTOR RESPONSIBLE FOR ELECTRICAL PERMIT:</b>  If the applicant is obtaining the permit for a contractor which is licensed with the Department of Code Enforcement, please complete the following information:  _____ Business Name  _____ Business License Number: _____  <b>I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.</b>  _____ Applicant Name  _____ Date _____ Applicant Signature Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____	
<b>C. USE OF STRUCTURE: (CHECK ONE)</b>  ____ 1) ONE FAMILY      ____ 2) TWO FAMILY ____ 3) NON-RESIDENTIAL      ____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)		
<b>D. PERMIT TYPE (CHECK ONE)</b>  ____ 1) ADDITION ____ 2) ALTERATION/REMODEL ____ 3) CONNECTION TO MOBILE HOME ____ 4) GENERAL SERVICE ____ 5) MOBILE HOME PARK ____ 6) NEW INSTALLATION ____ 7) TEMPORARY SERVICE ____ 8) UNDERSLAB ONLY		
<b>E. DETAILED SCOPE OF WORK:</b>  _____ _____ _____ _____ _____ _____		